		•	RECEIVED A			
Statement of Organization	Type or print in ink	(P)	in the office of the Se of the State of (cretary of State California	STATEMENT C	FORGANIZATION
Recipient Committee	1 ype of printin ink	τ',	AUG 0 9	ite Stamp	CALIFORN FORM	IA 410
Statement Type Initial	Amendment 101450	Termination - See I	Part 5 REC	EIVED	PORM	
Not yet qualified \(\sqrt{\text{or}} \) or	Lint ID mumham	st I.D. number:	REVIN SHELLEY SEC	PIRITAL OF State	e For Offic	iai Use Only
violy in qualified [1] of	" why yet available "			•		
	<i>n</i>		- SEP	3 2004		
	82/04		_			•
Date qualified as commit	ee Date qualified as committee (if applicable)	Date of Termination	OFFICE OF THE	HE CITY CLERK		
1. Committee Information			r and Other Princ	ipal Office	rs	
NAME OF COMMITTEE	1	NAME OF TREA			- 	
•		######################################	dra Weld	on		
Committee to 1	Elect Tom Means	STREET ADDRE	SS			
STREET ADDRESS (NO PO. BOX)		CITY	7	STATE	ZIP CODE /	ADEA CODE/DUCATE
V			tain View		74041	AREA CODE/PHONE
CITY	STATE ZIP CODE AREA CODE/PHON	NAME OF ASSIST	TANT TREASURER, IF ANY	C/F /	7097	
Mth. View	9 94040	. -				
MAILING ADDRESS (IF DIFFERENT)	21 (-101)	STREET ADDRE	ss			
	•					
OPTIONAL: FAX / E-MAIL ADDRESS		CITY		STATE	ZIP CODE /	AREA CODE/PHONE
		NAME AND POSI	TION OF OTHER PRINCIPAL	OFFICER(S) IF AR	DICABLE	<u> </u>
COUNTY OF DOMICILE COUNTY	TY WHERE COMMITTEE IS ACTIVE IF DIFFERENT		THE THE TANKS AND THE TANKS AN	OFFICER(O), IF AF	FLIOADLE	
THAN	COUNTY OF DOMICILE	MAILING ADDRE	iss			
	·				•	
Attach additional information on appropriately	abalad continuation sheets	CITY		STATE	ZIP CODE	AREA CODE/PHONE
	and a strain and a					
3. Verification						
I have used all reasonable diligence in pr	eparing this statement and to the best of my	knowledge the inform	nation contained herein	is true and com	niete Leertify.u	nder nenalty of
perjury under the laws of the State of Cali	fornia that the foregoing is true and correct.	0			ipioto: Toor _{tity} di	ider perialty of
Executed on 8-4-04	By	Land	a Wildle	77 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -	M I	
Everyted on 8-4-04		VIII.	SIGNATURE OF TREASURER OR	ASSISTANT TREASUR	RER D	
Executed on DATE	By	SIGNATION OF A	11UClus	WOID ME CO COM		7 M M
Executed on		P - SIGNATURE OF COR	MIROLLING OFFICEHOLDER, CA	NUIDALE, OR STATE I	MEASURE PROPONENT	
DATE	Ву	SIGNATURE OF COM	NTROLLING OFFICEHOLDER, CA	NDIDATE, OR STATE	MEASURE PROPONENT	
Executed on	By		•		• • • •	
PAIC PAIC		CICINATURE OF OOL	Alternation of the American Control of the Control	77-2-78-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		

- qualified / new trasurer.

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Statement of Recipient Co	f Organization	Type or print in ink	1	267438		C-43 STATEME	3 ENT OF ORGANIZATION
Statement Type	⊠ Initial	Amendment	☐ Terr	nination – See Part 5	RECEIV	CALIF ED FO	ORNIA 410 or Official Use Only
	Not yet qualified or	List I.D. number: #	#		RI	ECEIVED begoffice of the of the State	AND FILED Secretary of State of California
1. Committee		(If applicable)		of Termination	OFFICE OF		9 200 AECEIVED
NAME OF COMMITT				NAME OF TREASURER	her Principal Q ff	4948 SHELLEY,	Secretary of State
C	نالم عمرة)	٠	Jon Me	ane		SEP 3 2004
Comm STREET ADDRESS		& Tom Mean	15	STREET ADDRESS	-	C	PFFICE OF THE CITY CLE
CITY	STATE	710.000		Man. Vi	en ca	ZIPCODE	AREA CODE/PHONE
HOUN MAILING ADDRESS	itain View C	A 94040	E/PHONE	NAME OF ASSISTANT TREASI	JRER, IF ANY		
OPTIONAL: FAX / E	-MAIL ADDRESS			СПУ	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMIC		RE COMMITTEE IS ACTIVE IF DIFFER Y OF DOMICILE	RENT	NAME AND POSITION OF OTH	IER PRINCIPAL OFFICER(S), I	FAPPLICABLE	
Santa	Clara -	TOT BOWNCILE		MAILING ADDRESS			
Attach additional ir	nformation on appropriately labeled	continuation sheets.	····	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Executed on	easonable diligence in preparin e laws of the State of California	g this statement and to the bes that the foregoing is true and c	ot of my know orrect.	edge the information cont	ained herein is true and o		ify under penalty of
Executed on	DATE	By		SIGNATURE OF CONTROLLING OF			
Executed on	DATE	—— Ву		SIGNATURE OF CONTROLLING OF			
Executed on	DATE	Ву		SIGNATURE OF CONTROLLING OF			DNENT
				SIGNATURE OF CONTROLLING OF	ICEHOLDER CANDIDATE OD OT	ATE MEAGUES BESSEL	

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMUTTEE MANE	COMMITTEE NAME	Ξ	Œ	T	ΑÍ	48	٨	n	_

Committee to Eled Tom Means

;	STATEMENT OF ORGANIZATION
_	CALIFORNIA 410
	Page 2
	I.D. NUMBER

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(INCLUDE DISTRICT NUMBER IF APPL		YEAR OF ELECTION	PARTY	
Tom Means	City Councilmen	nber	2004	Non-Partisan	
				Non-Partisan	
List the financial institution where the campaign bank account is loc	ated (controlled "candidate election" com	mittees only)			
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT I	NUMBER		
ADDRESS	650-324-4433	D14U	ZIP CODE	7	<u>,</u>
444 Castro Street	Hon. View	CA	94041		
Primarily Formed Committee Primarily formed to support or oppose	specific candidates or measures in a single el	ection. List below:		•	
CANDIDATE(S) NAME OR MEASURÉ(S) FULL TITLE (INCLUDE BALLOT NO. OR	CANDIDATE(S) OFFICE SOL		EASURE(S) JURISDICTION Y, AS APPLICABLE)	CHEC	K ONE
				SUPPORT	OPPOS
				SUPPORT	OPPOS

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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	CALIFORNIA 410					
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-	LD NUMBER					

A CONTRACT OF THE VEHICLE	
COMMITTEE NAME	Page 3
Committee to Elect Tom Means	I.D. NUMBER
4. Type of Committee (Continued)	
- 7F- 3. 33mmttee (Commuted)	
General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one by CITY Committee CITY Committee COUNTY Committee STATE Committee	ox;
PROVIDE BRIEF DESCRIPTION OF ACTIVITY	
Sponsored Committee List additional sponsors on an attachment.	
	·
NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR	
STREET ADDRESS NO. AND STREET CITY	
STATE	ZIP CODE
Small Contributor Committee	ributor committee. If the committee qualified as a

- 5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:
 - This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - --- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to